



# Healthier Together

## Community Health Improvement Plan 2021-2023

Memorial Medical Center  
Ashland County Health & Human Services Department  
Bayfield County Health Department  
Iron County Health Department

## ACKNOWLEDGEMENTS

The process of developing the Community Health Improvement Plan (CHIP) into a rich and meaningful resource for residents of Ashland, Bayfield, and Iron County is indebted to the contributions of individuals from the community. The observations and participation from residents across the three-county region helped to lay the foundation for the CHIP. We value your input and insight on the health of where we live, work, and play.

We were able to greater develop the information gathered through our CHIP Steering Committee, as well as a community focus group. Through everyone's involvement, we take a greater step towards a healthier future for Ashland, Bayfield, and Iron Counties.

Thank you,

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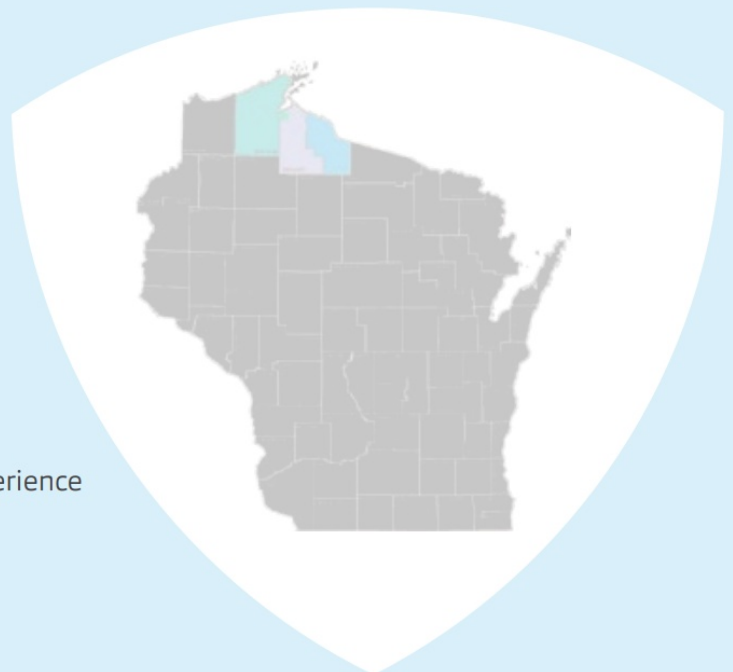
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## TABLE OF CONTENTS

Acknowledgments	2
Introduction	4
Executive Summary	5
Assess the Health of the Community	6
Observations from Community Outreach	7
Survey/Community Focus Group Observations	8
Mental Health	9
Alcohol & Other Substance Use	10
Chronic Disease	11
Ashland, Bayfield and Iron County Statistics	13
CHIP Plan of Action	15
References	17



## INTRODUCTION



Local health departments are the face of public health in the community. They regularly and systematically collect, analyze, and make available information about the health of the community. This includes statistics on health status, community health needs, epidemiological investigation, and the study of various health concerns. From the information collected, local health departments make informed decisions to create public health policies and procedures with involvement of the general public and collaboration with policymakers.

Local health departments and hospitals are responsible for conducting a **Community Health Improvement Plan and Process (CHIPP)**, which is instrumental to developing a **Community Health Improvement Plan (CHIP)**. Since 1993, local health departments are required by Wisconsin State Statue 251.05 to complete their CHIP every five years. Historically, Ashland County and Bayfield County have worked together in completing this requirement. The CHIP has been a useful tool for enacting change at the local level. Information can be put into action through the process of identifying and addressing health needs with the support and ideas of community organizations, local businesses, and devoted individuals.

Since 2012 with the passing of the Affordable Care Act, not-for-profit hospital organizations are similarly required to complete a **Community Health Needs Assessment (CHNA)** at a minimum of every three years. Memorial Medical Center (MMC) is a not-for-profit hospital that serves residents of Ashland, Bayfield, and Iron Counties. To gain greater insight into the needs of the patients they serve, MMC has

continued to partner with with Ashland, Bayfield, and Iron Counties in completing this CHNA.

Home for residents of Ashland, Bayfield, and Iron Counties is geographically similar in where they live, work, and play. The three-county region shares demographic and socioeconomic qualities as well. Information from the 2018 County Health Rankings, a Robert Wood Johnson Foundation program, supports the need for a collaborative approach to the CHIP to address many of the same health challenges these counties face. The three-county region currently ranks in the lower half of Wisconsin counties for overall health outcomes. Out of 72 Wisconsin counties, Ashland County ranks 63rd, Bayfield County ranks 32nd, and Iron County ranks 46th. Overall health outcomes consider how long people in each county live and how healthy they feel during their life. These measures include premature death, poor or fair health, poor physical health days, poor mental health days, and low birth weight.

A notable public health crisis took place during the planning and surveying process this cycle: the COVID-19 pandemic. It delayed implementation by a year and placed an incredible amount of stress and challenges that were unforeseen. Still, the resiliency of the public health departments is strong and the determination to carry on with this important CHIP plan allowed us to see community health in a new perspective that previous years.

The partners of the past 2018 - 2020 CHIP chose to focus on one overall objective: building resilience by creating protective factors throughout the three-county region for healthier communities. The strategies implemented by this past plan were evaluated to determine effectiveness in the community, as outlined in the "Assess the Health of the Community" section.





## EXECUTIVE SUMMARY

In the summer of 2020, the Community Health Improvement Plan (CHIP) Steering Committee, composed of Memorial Medical Center, Ashland County Health and Human Services, Bayfield County Health Department, Iron County Health Department considered completing a survey and reassessment of the health of our communities. However, due to the COVID-19 pandemic, the data assessment was postponed until summer 2021 where it was successfully completed in July.

The Community Health Needs Assessment (CHNA) was drafted with the goals of the state's Healthiest Wisconsin 2020 plan in mind. The survey was distributed throughout the three-county region. The survey was made available to residents through county websites, social media sites, and canvassing across three counties. We received one of our largest amount of people completing the survey with nearly 900 people participating.

Survey responses were organized and further supported by data from the state of Wisconsin and national health data. A virtual focus group was also conducted after the survey to ask stakeholders how they viewed the feedback and some ways the CHIP could affect change in our region.

During this process, the top three health priorities (seen in the table on page 9) were: **Mental Health, Substance Use, and Chronic Disease.**

As seen later in this document, the Steering Committee, with valuable feedback from the community, decided to tackle these issues by creating conceptual goals of Collaboration, Awareness, and Activity, a multi-faceted approach to supporting existing successful programs and organizations to further the health of our communities.

" We need efforts to create greater sense of community support e.g. creating more opportunities for community members to come together and connect."

"We need more collaboration between the various providers. Seems to be a lot of disconnect between what each county/hospital/clinic is doing and very little collaborating to enhance, increase or improve services."

– Anonymous survey respondents, when asked about what our communities need.





## ASSESS THE HEALTH OF THE COMMUNITY

Before moving forward, the progress of the 2018 - 2020 Community Health Improvement Plan (CHIP) cycle was evaluated. During the last CHIP, the overall objective was to build resilience by creating protective factors throughout the three-county region for healthier communities. We considered what went well and the lessons learned.

The **first goal** was to increase awareness of Trauma-Informed Care among community members.

Building on New Horizons North's Zero Suicide Grant, Trauma-Informed Care training was provided to central locations in all three counties. Training will grow to include school districts and service providers throughout 2019.

To promote Trauma-Informed Care and increase community awareness of the impact of trauma, a media campaign on Trauma-Informed Care was implemented in the three counties. Information will be distributed through Facebook pages of local health departments and Memorial Medical Center. Printed media was distributed in early 2019 to increase the general public's awareness.

The **second goal** was to increase resilience among adolescents.

The Ashland – Bayfield County Adolescent Health Program initiated the Sources of Strength resilience-building program in several school districts in the counties and established local trainers for the program.

The CHIP steering committee worked with trainers to implement additional resilience programming in most school districts throughout the three-county region in 2019 and 2020. Implementation of resilience skills and AODA prevention campaign occurred via print and social media in late 2019.

The **third goal** was to advocate and educate for policy change to decrease AODA abuse in Ashland and Bayfield Counties.

The three local health departments worked with the Wisconsin Department of Public Instruction and local school districts to create a three-county regional collection site for Youth Risk Behavior Survey (YRBS) data in 2019. Regional collection sites provided anonymity to schools participating in the survey. As collection sites of regional-level statistics, the local health departments effectively used this data to increase funding for prevention projects and demonstrate need and/or improvements. The CHIP Steering Committee assisted by working with local Northwoods Coalitions to advocate for schools to participate in the YRBS. This was throughout the CHIP timeline.

Further efforts to enhance protective factors among youth included the creation of a one-page educational fact sheet that provided data supported information about Juuling/vaping and marijuana risks to community members and leaders in 2019.





## OBSERVATIONS FROM COMMUNITY OUTREACH

"We need more mental health supports for our community. Especially for youth/ adolescents and increased providers with training in meeting the needs of people with both developmental delays and co-occurring mental health issues."

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"Better communication between the available programs and the public, many people do not find out about events that may be beneficial to their lives until it is too late to participate."

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"I support the development of more public recreation, like the walking and biking trails. I also support regional collaborations to provide other health services & programs - keep it up!"

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– Anonymous survey respondents when asked what could be done to improve their community's health.

All 846 survey submissions were analyzed and among many health concerns that were expressed by residents of Ashland, Bayfield, and Iron Counties, these comments were illustrative of the multifaceted nature of concerns within the community:

- Mental health and substance abuse continue to be prominent health issues in all communities.
- Concerns about chronic disease and physical health issues were frequently mentioned.
- Access to health care services and other resources continue to be challenges, including unreliable transportation and healthcare provider availability.
- The COVID-19 pandemic was the most notable healthcare crisis seen in our generation - it affects nearly every aspect of society.

Multiple opportunities were offered in the surveying process to allow residents of the community to share why they think these issues exist. The comments largely marked affordability and access to health care as barriers in Ashland, Bayfield, and Iron Counties, especially for those who fall between economic gaps in eligibility for services. Many residents also called for the promotion and support of youth through program implementation and creation of recreational activities. Long winters were cited as rationale for difficulty maintaining physical activity and recreation year-round. Of existing services and programs, there was a desire to see enhanced cooperation and collaboration to achieve many of the same goals. The need for mental health services for youth and the capacity to support this need is a growing concern.





## OBSERVATIONS FROM THE SURVEY AND COMMUNITY FOCUS GROUPS

The 2021 summer survey and focus group provided the CHIP Steering Team with a wide variety of health concerns and needs to look at and potentially address.

The survey asked respondents to rank and align health priorities as they considered their own communities. Ranking was from 1-10 with 1 being the most important health concern. The following chart shows the results:

Rank & Alignment Results from CHIP Survey		
Rank	Health Concern	Weighted Response
1.	Mental Health	8,383
2.	Substance Use	7,696
3.	Chronic Disease	6,228
4.	Physical Health	6,070
5.	Nutrition	5,542
6.	Growth & Development	5,180
7.	Injury & Violence	5,166
8.	Communicable Disease	5,079
9.	Environmental & Occupational	4,989
10.	Oral Health	4,156
11.	Reproductive & Sexual Issues	3,210
12.	Tobacco Use	3,012

With no surprise came the response that Mental Health, Substance Use, and Chronic Disease were top health priorities among survey respondents.

What was intriguing is for the first time in several years, mental health was placed higher above substance use, and the written responses around chronic disease prevention was more profound than in surveys past.

There's no doubt the COVID-19 pandemic has affected nearly every industry in the country. Certainly, public health, hospital and other healthcare, and education have been significantly impacted. To maximize the resources we have left after the pandemic has depleted so much of them, the steering committee felt a strong desire to really support current organizations and existing community initiatives rather than starting brand-new, fledging programs. We believe that with large anchor institutions (hospital, education, large businesses) in our communities, we can greatly support existing structures financially and strategically.

The overwhelming response to this planning was a strong desire - a moral obligation, even - to work even better together through our Three Goals: **Collaboration, Awareness, Activity.**



## MENTAL HEALTH

According to the 2020 National Survey on Drug Use & Health, over 20% of all adults ages 18 and older had a mental illness in the past year - that's 52.9 million people.

And among adolescents aged 12 to 17 in 2020, 17% had a Major Depressive Episode - that's 4.1 million adolescents.

As it relates to substance use, adolescents aged 12 to 17 who had a past year Major Depressive Episode were more likely to use substances. In fact, they were 28% more likely compared to 10% (of those without a Major Depressive Episode).

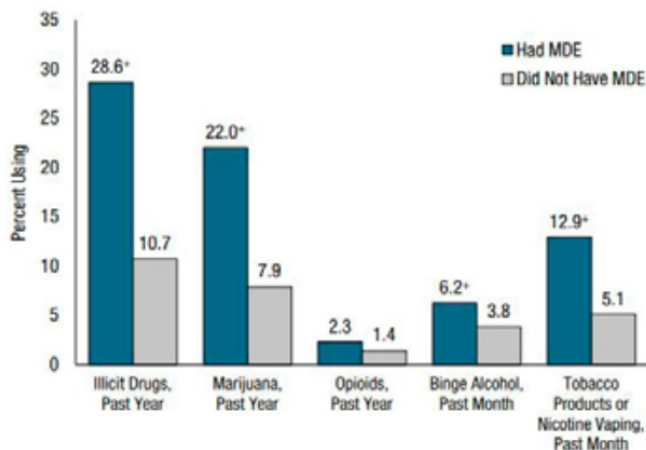
It will also come as no surprise that Major Depressive Episodes and Substance used have correlation, if not causation to be considered as visible on the diagram.

As it relates to suicide, adolescents aged 12 to 17 in 2020 had a percentage of 12% or 30 million kids who had serious thoughts of suicide, with 5.3% or 1.3 million kids making a suicide plan, and 2.5% or 629,000 kids attempting suicide in the past year.

As regards adults, with those 18 and older, 4.9% or 12.2 million people had serious suicidal thoughts, 1.3% or 3.2 million made a suicide plan, and .5% or 1.2 million attempted suicide in the past year.

During the COVID-19 pandemic, people with mental illness may experience worsening mental health problems, which is concerning.

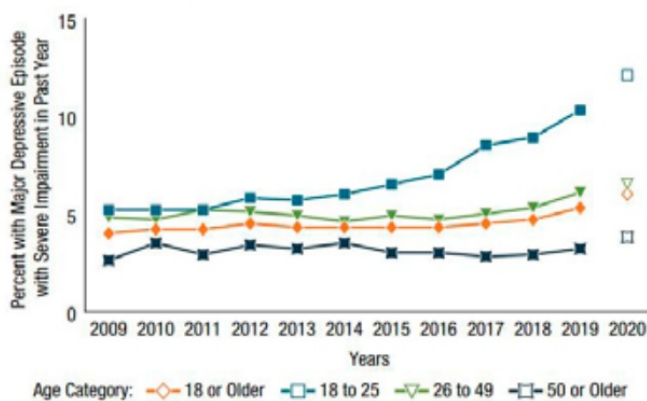
**Figure 34. Substance Use: Among Youths Aged 12 to 17; by Past Year Major Depressive Episode (MDE) Status, 2020**



\* Difference between this estimate and the estimate for youths without MDE is statistically significant at the .05 level.


Note: Youth respondents with unknown MDE data were excluded.

**Figure 31. Major Depressive Episode with Severe Impairment in the Past Year: Among Adults Aged 18 or Older; 2009-2020**



Note: There is no connecting line between 2019 and 2020 to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.





## ALCOHOL & OTHER SUBSTANCE USE

**The National Center for Drug Abuse Statistics reports that there have been 700,000 drug overdose deaths in the US since 2000, with 19.4% of all Americans having used illicit drugs at least once.**

**Among Americans aged 12 years and older, 31.9 million are current illegal drug users (used within the last 30 days).**



11.7% of Americans 12 and over use illegal drugs.

-53 million or 19.4% of people 12 and over have used illegal drugs or misused prescription drugs within the last year.

-If alcohol and tobacco are included, 165 million or 60.2% or of Americans aged 12 years or older currently abuse drugs (i.e., used within the last 30 days).

-139.8 million Americans 12 and over drink alcohol.

-14.8 million or 10.6% of them have an alcohol use disorder.

-58.8 million people use tobacco.

-31.9 million use illegal drugs.

-8.1 million or 25.4% of illegal drug users have a drug disorder.

-2 million people or 24.7% of those with drug disorders have an opioid disorder; this includes prescription pain relievers or “pain killers” and heroin).

Fortunately, The Centers for Medicare & Medicaid Services (CMS) finalized expansion of Medicare coverage to include opioid treatment programs delivering MAT (medication-assisted-treatment) effective Jan. 1, 2020. Still, there is incredible data showing the devastating impact of substance use and abuse all over our nation, and even here, in Northern Wisconsin.

What are some of the consequences of drug abuse?

\$193 billion was incurred in overall costs for illegal drugs in addition to \$78.5 billion for prescription opioids.

326,000 hospitalizations occurred for nonfatal drug poisonings or overdoses occurred in 2016, including unintentional, undetermined intent, and intentional self-harm.

577,794 emergency room visits occurred for nonfatal drug poisonings or overdoses in 2016 with the most patients experiencing opioid poisoning.





## CHRONIC DISEASE

Chronic disease is a concern in rural America due to its impact on quality of life, mortality, and healthcare costs. In Wisconsin, the leading cause of death in 2017 was heart disease – claiming over 11,500 deaths in one year. Cancers, stroke, diabetes, and more were also ranked in leading causes of death.

In our region, and as evidenced by the feedback from the survey, chronic health issues continue to be barriers to people leading their healthiest lives.

There was significant feedback from the survey talking about access to healthy foods at reasonable prices, activities in the community that encouraged movement and healthy living, and general weight loss support resources.

Pursuant to our goal, we would like to ramp up existing organizations and initiatives that are already making a difference in the world of fitness and nutrition. Plus, a comment we heard many times in the survey was in regards to people understanding all of the incredible outdoor activities in our region, but feeling intimidated to venture alone, and just not really knowing how to navigate those activities. Collaborating, for example, with an outdoor recreation organization to prove free family kayaking or cross-country skiing would align nicely with our activity goal.



**In Ashland County, cancer was a leading cause of death with 53 deaths in 2015.**

**Heart disease was also listed as a leading cause of death with 36 deaths.**

**In Bayfield, heart disease led the list with 47 in 2015 due to heart disease and 44 to cancer.**

**And in Iron County, cancer led with 25 deaths in 2015 and 15 heart disease deaths.**





## ASHLAND, BAYFIELD, AND IRON COUNTY STATISTICS

## MENTAL HEALTH

Taking a deeper look into the mental health statistics in our region will continue to renew our commitment to improving these statistics and to supporting initiatives to help.

Mental health still carries a harmful stigma, which places unnecessary burden on individuals affected and their greater community. In addition, access and availability of mental health services continues to be an issue for residents of Ashland, Bayfield, and Iron Counties.

And again - the pandemic took a toll on individuals with mental health issues. Even anecdotally, experts have been raising significant concern on the rise of mental health issues.

According to Wisconsin data, Ashland and Bayfield Counties have a 47% gap in unserved adult treatment of mental health issues, and a gap of 15% for youth.

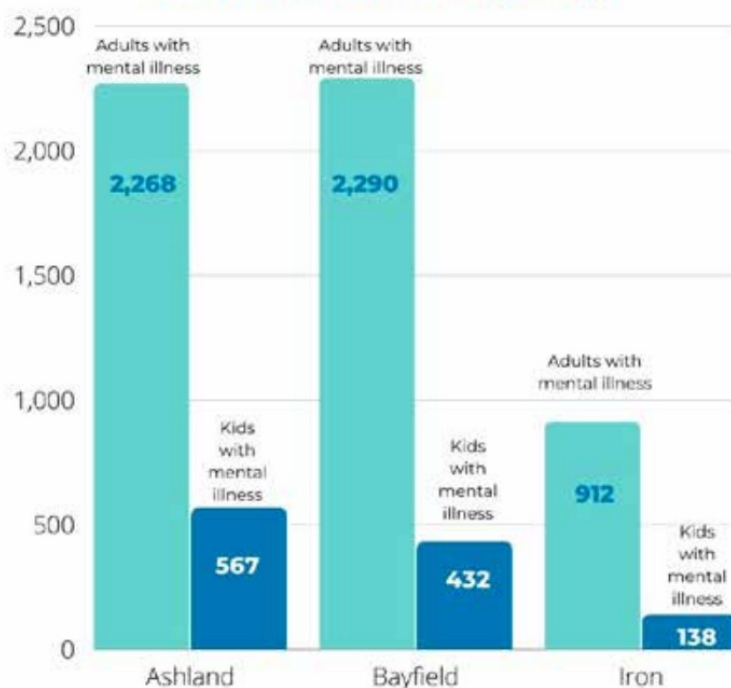
### Suicide Rate

Wisconsin's suicide rate has been higher than the national rate every year except for once since 2005 and both rates have experienced a generally increasing trend over that period. Wisconsin's rate in 2017 was not only the highest it's been since 2005 (15.5), the gap with the national rate was the largest it's been since 2005 with the exception of 2013.

### Mental Health Providers

(Population: mental health providers)  
**Ashland County: 52 providers, 300:1**  
 (down from last survey)  
**Bayfield County: 33 providers, 460:1**  
 (up from last survey)  
**Iron County: 7 providers, 810:1** (down considerably from last survey) (County Health Rankings, Centers for Medicare and Medicaid Services, NPI data 2021)

### Estimated Adults and Kids with Mental Illness (2019)



Estimate of Individuals with Mental Health Needs 2019 (from WI Mental Health & Substance Abuse Needs Assessment Report 2019)



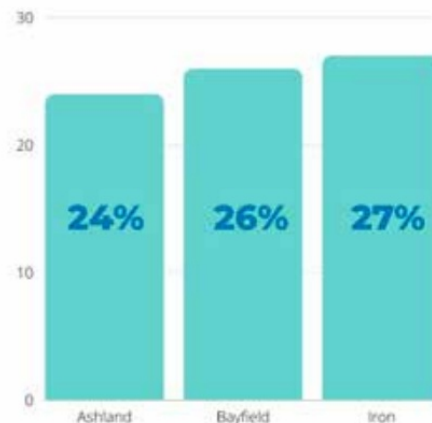
## ASHLAND, BAYFIELD, AND IRON COUNTY STATISTICS

### ALCOHOL & OTHER SUBSTANCE USE

Since the early 2000s, Wisconsin has been experiencing a surge in opioid misuse and its related harmful consequences. Among Wisconsin's 72 counties, the number of counties with any opioid-related deaths increased from 36 counties to 60 counties between 2004 and 2017. The prevalence of illicit and nonmedical use of opioids can be estimated from the National Survey on Drug Use and Health, Wisconsin sample data.

Averaged across 2015 and 2016, 3.3 percent of Wisconsin individuals age 12 and older misused opioid-based medications in the past year, slightly less than the national average. And substance use is such a wide ranging term. It can include drug use, alcohol consumption, marijuana use and more.

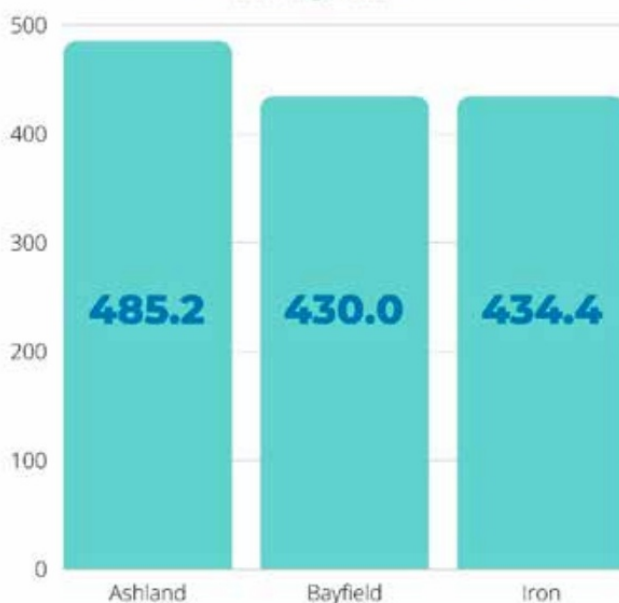
Excessive Drinking (2019)



#### In 2020, there were several alcohol-related hospitalizations:

- Ashland: 208 ER visits, 225 inpatient visits
- Bayfield: 115 ER visits, 134 inpatient visits
- Iron: 26 ER visits, 36 inpatient visits

Cancer Incidence Rate /100k  
US average 456.0



### CHRONIC DISEASE

Chronic Disease was listed in the top three health priorities by those who took the Community Health Needs Assessment survey.

In the Chronic Disease category are issues such as: heart disease, cancer, stroke, diabetes, obesity, Alzheimer's, and more.

As mentioned earlier in this report, high in our local region is heart disease, cancers, and stroke.

With an aging population, many with co-morbidities, chronic disease management will continue to be an issue for our population and a strain on our healthcare system.



## CHIP ACTION PLAN

Ashland, Bayfield  
and Iron County  
Public Health along with  
Memorial Medical Center

led the process to review local health data, identify gaps, and write goals for the desired health improvements we want to see in the community. Forty-six organizations across Ashland, Bayfield and Iron Counties participated in work groups to guide writing the CHIP.

Where do we want to be in three years? We want to have measurably-improved communication and partnership with local law enforcement regarding mental health and alcohol and other drug abuses.

To start, we want to ensure the programs from past CHIPs are working, and if so, continue working on those. However, we've decided that our goals for this new CHIP will be focused on coming alongside existing programs and organizations in our communities to help them be as effective as they can be. Rather than re-inventing brand new programs and initiatives, we want to join forces with existing work to improve their reach and activity.

### GOAL 1: COLLABORATION

We want to collaborate with existing organizations and programs to “beef up” their effectiveness and reach, rather than reinventing new programs that might compete with their air time.

By December 2023, we will have completed three CIT (Crisis Intervention Training) trainings with local law enforcement agencies.

We desire to come alongside “CATCH” – Chequamegon Accountable: the Community for Health - to help improve their databasing program with local law enforcement. This system is a participant-centered initiative to create and share personal safety plans in a fully HIPAA-compliant way among a diverse

(Continued on Pg. 17)





# Healthier Together

group of community stakeholders that include schools, tribes, providers, counties, a hospital, clinics, and law enforcement. Partner with Ashland County and supply funding for their overdose fatality review team. This team is designed to increase cross-system collaboration among various public safety, public health, and social service agencies; identify missed opportunities and system gaps; and develop recommendations for intervention efforts in hopes of preventing future overdose deaths.

Help provide funding for key prevention-based programs for volunteer groups or key organizations.

We want to collaborate with area schools to help along initiatives and programs that perhaps need a boost. Examples may be:

- Drug programs
- Resiliency program
- Mental health initiatives

## GOAL 2: AWARENESS

We seek to increase the general community awareness of the identified health priority areas, as we believe awareness increases involvement.

Plan to hire “Dopesick” author Beth Macy to virtually attend a community presentation on the opioid crisis and the programs that worked for her and her community.

Create an engaging, interactive, and effective marketing campaign that builds awareness

in our area on the identified health priorities. Particular attention will be made to marketing telehealth services.

Work with the ADRC’s Dementia Care Specialist to encourage advocating for healthy aging in our region.

Promote the benefits of our local SPARK program – an after-school youth organization (a collaboration of local agencies, organizations, and individuals, including the UW Extension 4H program, Ashland Parks and Rec, and the Sigurd Olson Environmental Institute) that creates a fun, safe, inspiring, adventurous space for tweens and teens to ignite their inner superhero. This is a resiliency-based, youth-based initiative that has a longer-term payoff.

## CHIP ACTION PLAN

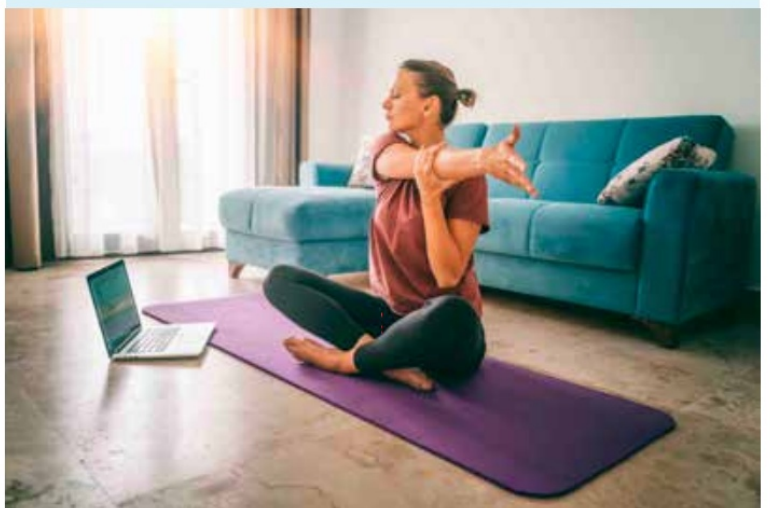
### GOAL 3: ACTIVITY

We want to partner with existing organizations and groups in our communities who are already focusing on helping people eat healthy and be active.

Cooking classes (Chequamegon Food Co-op with limited to-go box of ingredients to make at home during live cooking class – partner with MMC Community Team on this event).

Look to partner with outdoor recreational businesses such as Solstice and Howl to offer free family activity days (kayaking, bike training, skiing, etc).

Partner with “Strong Bodies” yoga and alternative exercise program. This is a program that’s already being offered virtually through Iron County Wisconsin partner, Amy Noesal.





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### ALCOHOL AND SUBSTANCE USE

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DHS Current Data and Statistics

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## **Community Health Improvement Plan 2021-2023**

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FOR MORE INFORMATION GO TO [ashlandmmc.com](http://ashlandmmc.com)